# *OLDER ADULT PERFORMANCE OUTCOME PILOT COMMITTEE MEETING SYNOPSIS October 12, 2000*

Jim Higgins, Department of Mental Health (DMH), led introductions and reviewed the agenda (*Attachment 1*). Representatives from the following counties were present: Astrid Beigel, Laura Trejo, and Iris Aguilar (Los Angeles County); Stephanie Oprendek (Riverside County); Lorraine Maloon (Santa Clara County); Carmen Stitt and Victor Contreras (Sacramento County); and Luanna Smith (Tuolumne County). Chester Cochran represented consumers, Sandra Stiles represented DMH Managed Care Services, and Jim Higgins and Karen Purvis represented the DMH Research and Performance Outcome Development Unit (RPOD). Rudy Arrieta (San Joaquin County) attended as a guest.

The following agenda items were discussed:

- County Reports. Pilot county representatives each provided a brief status report on their county's progress. Most counties have completed, or are very close to completing, their second administration of the pilot instruments. Carmen Stitt, Sacramento County, announced that since she was moving out-of-state, this would be her last meeting. Victor Contreras will continue on as Sacramento County's sole representative. Carmen provided her county's final report summarizing their implementation of the pilot, as well as the reaction of their clinicians to the instruments (*Attachment 2*). After completion of the second administration of the instruments, other pilot counties will also provide such summary reports. The suggested outline for the contents of this report was discussed earlier in the pilot (*Attachment 3*). Jim offered to provide final, cleaned pilot data files (with client ID's removed) to counties interested in doing further analyses. Everyone present seemed interested in receiving these files.

  During this part of the meeting, pilot participants also discussed the fact that they have found that some instruments will not work with a frail person. The group felt that this was not necessarily an instrument problem, but more a cognitive problem that relates to an individual client. The group agreed that the individuals with a compromised mental status could not be ignored, and that this issue would have to be discussed at a future time. Jim Higgins reiterated that with each new outcome system we're getting better at gathering the right information. We need to rely on the client for their perception of care, but it might be better to rely on clinicians (as professionals) for other types of information.

- Comparison of National Data and Pilot Data. In response to a request made at a previous meeting, Karen Purvis handed out a short report comparing pilot demographic results with prevalence data from the general population. She noted that nationwide reports usually use age 65 as a cutoff for "older adults", while the pilot used age 60, so the comparisons were based on somewhat different age groups. She also noted that the pilot data described seriously mental ill clients, a small subset of the general population. The group found the results interesting, but would be interested in seeing another row in the tables comparing exact age groups. Karen said that this refinement would be easy to do and she would complete it for the next meeting.

Face Sheet Revisions. The committee spent considerable time reviewing the draft face sheet. While pleased with most of the content, three areas generated considerable discussion: risk factors, the quality of life questions, and cultural competence.

*Risk factors*. In addition to clarifying definitions and scales, the group suggested a large number of new areas they would like included as risk factors. In order to have an empirically based decision process, Jim asked that they bring in studies next meeting supporting the need for the particular risk factors they would like included. Laura Trejo was aware of a recent report describing risk factors in older adults and she will e-mail RPOD staff with this information. The group agreed to limit the total number of risk areas to the top three or four.

*Quality of life questions.* Astrid Beigel, Los Angeles County, argued that these questions should be removed from the main body of the face sheet and, if used at all, included as a separate questionnaire at the end. Another suggestion was that the number of questions be reduced and to emphasize that these questions were to be completed as an interview by the clinician. The California Mental Health Planning Council will need to involved in deciding which questions constitute the minimum set essential to measure their domains.

*Special Needs*: Committee members did not feel that the draft version of this question captured the right information about cultural competence, but they agreed that this was a very difficult area to address. They were unable to agree upon another question that would work and so they will come prepared with ideas to the next meeting. Laura Trejo thought that certain information already being gathered (primary language and ethnicity) could be used in the analysis of the data to make a start at cultural competence. Laura also said that she has two questions she has used previously that might work for our purposes and will bring them to the next meeting. The group was interested in seeing these questions, but also felt that it might not be possible to develop a good relevant question. Some argued that, at some point, we must rely on clinical staff to collect information in a culturally competent manner. (Note: at a previous meeting, Ann Arneill-Py of the Planning Council stated that not all important issues have to be addressed in the performance outcome forms and that the State Quality Improvement Committee is in the process of developing a comprehensive set of indicators based on various sources).

- The next two meetings of the Older Adult Performance Outcome Pilot committee were scheduled: **Thursday, November 9, 2000** and **Tuesday, December 12, 2000**.